

12-20-01

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PTO/SB/21 (08-00)

Approved for use through 10/31/2002. OMB 0651-0031

U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

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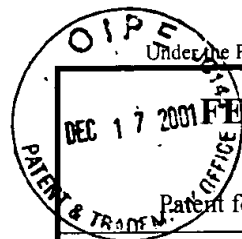
TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application Number	09/886,169	
	Filing Date	June 21, 2001	
	First Named Inventor	THOMAS	
	Group Art Unit		
	Examiner Name		
Total Number of Pages in this Submission		Attorney Docket Number	80-00

ENCLOSURES (check all that apply)			
<input checked="" type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Assignment Papers/Recordation Cover Sheet (for an Application)	<input type="checkbox"/> After Allowance Communication to Group	<input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): (1) RETURN RECEIPT POSTCARD
<input checked="" type="checkbox"/> Fee Attached	<input checked="" type="checkbox"/> Drawing(s) (37 CFR 1.84)	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences	
<input type="checkbox"/> Amendment/Reply	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)	
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition	<input type="checkbox"/> Proprietary Information	
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Status Letter	
<input checked="" type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Power of Attorney, Revocation, Change of Correspondence Address		
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Terminal Disclaimer		
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> Request for Refund		
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> CD, Number of CD(s) _____		
<input checked="" type="checkbox"/> Response to Notice re Missing Parts / Corrected Application Papers / Incomplete Application	Remarks		
<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53			

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT		CUSTOMER NO. 27730	
Firm or Individual name	Joseph E. Chovanes (Registration No.33,481)		
Signature			
Date	December 17, 2001		

CERTIFICATE OF MAILING			
I hereby certify that this correspondence and the documents referred to as attached therein are being deposited with the U.S. Postal Service on December 17, 2001, in an envelope as "EXPRESS MAIL POST OFFICE TO ADDRESSEE" service under 37CFR § 1.10, Mailing Label Number EL9293397292US addressed to the: Assistant Commissioner for Patents, Washington, DC 20231.			
Typed or printed name	Karen M. Spina		
Signature		Date	December 17, 2001

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FEE TRANSMITTAL for FY 2001

Patent fees are subject to annual revision.

TOTAL AMOUNT OF PAYMENT (\$) 200

METHOD OF PAYMENT

1. ☒ The Commissioner is hereby authorized to charge indicated fees and credit any over payments to:

Deposit Account 50-0979

Deposit Account

- ☒ Charge Any Additional Fee Required
Under 37 CFR 1.16 and 1.17

- ☒ Applicant claims small entity status
See 37 CFR 1.27

2. ☒ Payment Enclosed☒ Check ☐ Credit Card ☐ Money Order☐ Other

FEE CALCULATION

1. BASIC FILING FEE

Large Fee Code	Entity Fee (\$)	Small Fee Code	Entity Fee (\$)	Fee Description
101	740	201	370	Utility filing fee
106	330	206	165	Design filing fee
107	510	207	255	Plant filing fee
108	740	208	370	Reissue filing fee
114	160	214	80	Provisional filing fee

SUBTOTAL (1)

2. EXTRA CLAIMS FEES

	Extra Claims	Fee from below	Fee Paid
Total Claims	___ - 20*	= 0 X 9 =	\$ 0
Independent Claims	___ - 3**	= 0 X 42 =	\$ 0
Multiple Independent		+ 140 =	\$ 0

Large Fee Code	Entity Fee (\$)	Small Fee Code	Entity Fee (\$)	Fee Description
103	18	203	9	Claims in excess of 20
102	84	202	42	Independent claims in excess of 3
104	280	204	140	Multiple dependent claim, if not paid
109	84	209	42	**Reissue independent claims over original patent
110	18	210	9	**Reissue claims in excess of 20 and over original patent

SUBTOTAL (2)

\$

**or number previously paid, if greater; For Reissue, see above

SUBMITTED BY CUSTOMER NO. 27730

Complete if known

Application Number	09/886,169
Filing Date	06/21/2001
First Named Inventor	Mark G. THOMAS
Examiner Name	
Group Art Unit	
Attorney Docket No.	80-00

FEE CALCULATION (continued)

3. ADDITIONAL FEES

Fee Code	Large Entity Fee (\$)	Fee Code	Small Entity Fee	Fee Description	Fee Paid
105	130	205	65	Surcharge - late filing fee or oath	
127	50	227	25	Surcharge - late provisional filing fee or cover sheet	
139	130	139	130	Non-English specification	
147	2520	147	2520	For filing a request for <i>ex parte</i> reexamination	
112	920*	112	920*	Requesting publication of SIR prior to Examiner action	
113	1840*	113	1840*	Requesting publication of SIR after Examiner action	
115	110	215	55	Extension for reply within first month	
116	400	216	200	Extension for reply within second month	\$200
117	920	217	460	Extension for reply within third month	
118	1440	218	720	Extension for reply within fourth month	
128	1960	228	980	Extension for reply within fifth month	
119	320	219	160	Notice of Appeal	
120	320	220	160	Filing a brief in support of an appeal	
121	280	221	140	Request for oral hearing	
138	1510	138	1510	Petition to institute a public use proceeding	
140	110	240	55	Petition to revive - unavoidable	
141	1280	241	640	Petition to revive - unintentional	
142	1280	242	640	Utility issue fee (or reissue)	
143	460	243	230	Design issue fee	
144	620	244	310	Plant issue fee	
122	130	122	130	Petition to the Commissioner	
123	50	123	50	Processing fee under 37 CFR 1.17(q)	
126	180	126	180	Submission of Information Disclosure Stmt	
581	40	581	40	Recording each patent assignment per property (times number of properties)	
146	740	246	370	Filing a submission after final rejection (37 CFR § 1.129(a))	
149	740	249	370	For each additional invention to be examined (37 CFR § 1.129(b))	
179	740	279	370	Request for Continued Examination (RCE)	
169	900	169	900	Request for expedited examination of a design application	

Other fee (specify):

*Reduced by Basic Filing Fee Paid

SUBTOTAL (3) \$ 200

Complete (if applicable)

Name (Print/Type)	Joseph E. Chovanes	Registration No. (Attorney/Agent)	35,279	Telephone	(215) 575-7264
Signature				Date	December 17, 2001